## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

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Application ID:

10708748

INDIRECT ELECTRON BEAM FOR

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Title of Invention:

RESIST CONTACT HOLE

**METROLOGY** 

First Named Inventor:

Wei Lu

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

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**Utility Patent Filing** 

Filing Type:

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**Deposit Account Number:** 

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Deposit Account Name:

Todd M. C. Li

**RAM Payment Status:** 

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PATENT APPLICATION SER	IAL	NO.
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## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

03/24/2004 HLE333

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770.00 DA

PTO-1556 (5/87)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

F18920030308

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		1		Joid Hard		ATE	FEE	ייי <b>ד</b>	RATE	FEE		
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FOR		NUMBER	FILED N	JMBER EXTRA	BAS		385.00	OR	BASIC FEE	770.00		
TC	TAL CHARGE	ABLE CLAIMS	20 mir	nus 20= *	<b>\$</b>	X\$ 9=			OR	X\$18=		
INE	DEPENDENT C	LAIMS	3 minus 3 = 1		<i>\$</i>	X43=			OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						+1	45=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2					in column 2	TC	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)			SMALL ENTITY				OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=			OR	X\$18=		
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AMENDMENT'B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	XS	9=		OR	X\$18=		
ME	Independent	*	Minus	***	=	X4	3=		OR	X86=		
٩	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT CLA	IM	+14	15=		OR	+290=		
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		(Column 1)		(Column 2)	(Column 3)		·			·		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***	= .	X4	3=		. 1	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					-			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							5= 2TAL		OR	+290=		
1	f the "Highest Nur		id For IN THIS	SPACE is less	than 20, enter *20.*	ADDIT.	FEE L		OR ,	TOTAL ADDIT, FEE	·	
					the highest number	found in (	ne app	ropriate box	in colu	ımn 1.		